

# Arizona Department of Health Services **Emergency Response Plan**



**Division of Public Health Services  
Bureau of Emergency Preparedness and Response**

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## **1.0 Introduction**

This plan:

- Establishes the emergency response organizational structure for the Arizona Department of Health Services (ADHS)
- Describes the Department's response to emergencies and disasters with public health consequences
- Describes the organization, assigns responsibilities and provides planning guidance to the different components within the Department for emergency response and recovery

## **2.0 Scope**

This plan:

- Applies to the entire Department's components that are tasked to provide response and recovery assistance.
- Describes actions to be taken in providing immediate response assistance
- Supplements and reaffirms the Department's response to disasters and other emergencies that are included in the State of Arizona Emergency Response and Recovery Plan (SERRP).
- Links to all other Department Emergency Response Plans (i.e. infectious disease plans, SNS and RSS SOG, etc.)

## **3.0 Background**

Daily issues and problems are handled by the various Department programs. However, this document serves as the Department's internal Emergency Response Plan for incidents ranging from small to extreme public health emergencies. It serves as a Basic Plan that has multiple Annexes and Incident Annexes in the form of infectious disease, bioterrorism and various hazards emergency response plans. (See Appendix A for list of ADHS plans)

As an agency that receives federal funding, the Arizona Department of Health Services must incorporate elements of the National Incident Management System (NIMS) into its emergency response plan. This plan is compliant with NIMS. The Department's response structure is the Public Health Incident Management System (PHIMS). It is an incident command system (ICS) that provides for the integration of various programs' activities into a cohesive response for an emergency.

The modular organization of the Public Health Incident Management System (PHIMS) allows responders to scale their efforts and apply the parts of the PHIMS structure that best meet the demands of the incident. In other words, there are no specific directives for when or how to expand the PHIMS Organization. A major advantage of the PHIMS structure is the ability to fill only those parts of the organization that are required. For some incidents and some applications, only a few of the organization's functional elements may be needed. Many incidents will never require the activation of Planning, Logistics, or Finance/Administration Sections, while others will require some or all of them to be established.

## 4.0 Authorities

Under **ARS § 26-303**, the Governor:

- During a State of Emergency, shall have complete authority over all state agencies and the right to exercise all police power vested in the state by the constitution and the laws of the state; and may direct all state agencies to utilize and employ state personnel, equipment and facilities for the performance of activities designed to prevent or alleviate damage due to the emergency.
- During a State of War Emergency, shall have all authorities as with a State of Emergency; may suspend the provisions of any statute prescribing the procedure for the conduct of state business if the governor determines strict compliance with provisions of any statute would hinder mitigation of the effects of the emergency; may commandeer and utilize any property or personnel deemed necessary in carrying out the responsibilities of the governor and thereafter the state shall pay reasonable compensation.
- May confer to the Adjutant General the powers of the Governor prescribed under a State of Emergency.

### Enhanced Surveillance Advisory

Under **ARS § 36-782**, the Governor, in consultation with the Director of ADHS, may issue an enhanced surveillance advisory if the Governor has reasonable cause to believe that an illness, health condition or clinical syndrome caused by bioterrorism, epidemic or pandemic disease or a highly fatal and highly infectious agent or biological toxin has or may occur or that there is a public event that could reasonably be the object of a bioterrorism event. The illness or health condition may not include acquired immune deficiency syndrome or any other infection caused by the human immunodeficiency virus.

### Professional Licensing & Credentialing

Under **ARS § 36-628**, county health departments may employ physicians and other persons and provide such necessities of life as they deem necessary for care of persons afflicted with contagious or infectious diseases. If a physician is called by a county health department to examine a person with a contagious or infectious disease, expense incurred shall be the responsibility of the county.

Under **ARS § 26-310**, during a state of emergency or a state of war emergency, any person holding any license, certificate or other permit issued by any other state evidencing the meeting of qualifications of such state for professional skills may render aid involving such skill to meet the emergency as fully as if such license had been issued in this state.

During a state of emergency or state of war emergency in which there is an occurrence or threat to public health, the Arizona Department of Health Services has primary jurisdiction, responsibility and authority for the following:

**ARS § 36-787 (A) (6)**, Establishing in conjunction with applicable professional licensing boards, a process for temporary waiver of the professional licensure requirements necessary for the implementation of any measures required to adequately address the state of emergency or state of war emergency.

**ARS § 36-787 (A) (7)**, Granting temporary waivers of health care institution licensure requirements necessary for implementation of any measures required to adequately address the state of emergency or state of war emergency.

### Isolation and Quarantine

**ARS § 36-136** provides for the director of the Department of Health Services by rule, establish minimum periods of, and the procedures and measures to, institute isolation or quarantine, allowing for quarantine implementation prior to the completion of a hearing if clear evidence exists that a person poses a substantial danger to another person in the community.

**ARS § 36-624** provides that if a county health department identifies the presence of an infectious or contagious disease, the department may adopt quarantine and sanitary measures consistent with the Department rules adopted pursuant to ARS § 36-136 to prevent the spread of the disease.

**ARS § 36-627**: allows the county health department to provide temporary hospitals or places of reception for persons with infectious or contagious diseases. Hospitals or other places in which infectious or contagious diseases exist shall be under the control and subject to regulations of the county health department while such disease exists. During such hospital control, inmates shall obey the regulations and instructions of the county health department.

**ARS § 36-787 Section A**. During a state of emergency or state of war emergency declared by the governor in which there is an occurrence or imminent threat of an illness or health condition caused by bioterrorism, an epidemic or pandemic disease or a highly fatal infectious agent or biological toxin and that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability, the department shall coordinate all matters pertaining to the public health emergency response of the state. The department has primary jurisdiction, responsibility and authority

During a state of emergency or state of war emergency as defined by **ARS § 36-787**, under **ARS §36-790**, a person or health care provider undertaking activities required by this article, including reporting, participating in isolation or quarantine procedures as ordered by local or state public health offices, is immune from civil or criminal liability if the person or health care provider acted in good faith.

**ARS § 36-787 Section B**. In addition to the authority provided in subsection A of this section, during a state of emergency or state of war emergency, the governor, in consultation with the director of the department of health services, may issue orders that:

1. Mandate medical examinations for exposed persons.
2. Ration medicine and vaccines.

3. Provide for transportation of medical support personnel and ill and exposed persons.
4. Provide for procurement of medicines and vaccines.

**ARS § 36-787 Section G.** At the governor's direction, the department may use reasonable efforts to assist the persons and institutions affected by the state of emergency or state of war emergency declared pursuant to this section in seeking reimbursement of costs incurred as a result of providing services related to the implementation of isolation and quarantine under this article to the extent these services are not otherwise subject to reimbursement.

**ARS § 36-788** states that during a state of emergency or state of war emergency as defined in ARS § 36-787, that the Department of Health Services or local health authority must initiate an investigation if that agency has reasonable causes to believe that a highly contagious and fatal disease exists within its jurisdiction. Persons who have contracted the disease or who have been exposed to the disease may be subject to isolation and quarantine if the director determines that quarantine is the least restrictive means by which the public can be protected from transmission of the disease, due to the nature of the disease and available preventative measures, or refusal by an individual to accept less restrictive measures to prevent disease transmission.

Under **ARS 26-311**, if a mayor or chairman of the board of supervisors declares a local emergency, said mayor or chairman shall impose all necessary regulations to preserve the peace and order within the respective political subdivision, including but not limited to:

- Imposition of curfews in all or portions of the political subdivision
- Ordering the closing of any business
- Restricting public access to any public building, street, or other public places

**USC – Title 42-264** provides the U.S. Surgeon General who may be the authority to apprehend and examine any individual(s) reasonably infected with a communicable disease for purposes of preventing the introduction or transmission of such communicable disease when and only when:

- If the person(s) is moving or about to move from State to State
- If the person, upon examination, is found to be infected, he may be detained for such time and in such manner as may be absolutely necessary.

**Good Samaritan Law - Health care Provider and any other Person; Emergency Aid; Nonliability**

Under **ARS § 32-1471** any health care provider licensed or certified to practice as such in this state or elsewhere, or a licensed ambulance attendant, driver or pilot as defined in section 41-1831, or any other person who renders emergency care at a public gathering or at the scene of an emergency occurrence gratuitously and in good faith shall not be liable for any civil or other damages as the result of any act or omission by such person rendering the emergency care, or as the result of any act or failure to act to provide or arrange for further medical treatment or care

for the injured persons, unless such person, while rendering such emergency care, is guilty of gross negligence.

#### Limited Liability for Emergency Health Care at Amateur Athletic Events

**ARS § 32-1472** A health care provider licensed or certified pursuant to title 32 who agrees with any person or school to voluntarily attend an amateur athletic practice, contest or other event to be available to render emergency health care within the provider's authorized scope of practice and without compensation to an athlete injured during such event is not liable for any civil or other damages as the result of any act or omission by the provider rendering the emergency care, or as the result of any act or failure to act to provide or arrange for further medical treatment or care for the injured athlete, if the provider acts in good faith without gross negligence.

#### **ARS § 32-1473** Limited Liability for Treatment Related to Delivery of Infants; Physicians; Hospitals; Exception; Definition

A. Unless the elements of proof contained in section 12-563 are established by clear and convincing evidence, a physician licensed to practice pursuant to this chapter or chapter 17 of this title is not liable to the pregnant female patient, the child or children delivered, or their families for medical malpractice related to labor or delivery rendered on an emergency basis if the patient was not previously treated for the pregnancy by the physician, by a physician in a group practice with the physician or by a physician, physician assistant or nurse midwife with whom the physician has an agreement to attend the labor and delivery of the patient.

B. Unless the elements of proof contained in section 12-563 are established regarding the acts or omissions of a licensed health care facility or its employees in cases covered by the provisions of subsection A of this section by clear and convincing evidence, the health care facility is not liable to the female patient, the child or children delivered or their families for medical malpractice related to labor or delivery.

C. This section does not apply to treatment rendered in connection with labor and delivery if the patient has been seen regularly by or under the direction of a licensed health care provider or a licensed physician from whom the patient's medical information is reasonably available to the physicians attending the patient during labor and delivery.

D. For the purpose of this section, "emergency" means when labor has begun or a condition exists requiring the delivery of the child or children.

#### Non-liability

Under **ARS § 26-314**, the Department, or any other state agency, will not be liable for any claim based upon the exercise or performance, or the failure to exercise or perform, a discretionary function or duty by an emergency worker, engaging in emergency management activities or performing emergency functions. This state and its departments, agencies, boards and commissions and all other political subdivisions that supervise or control emergency workers engaging in emergency activities or emergency functions are responsible for providing for

liability coverage, including legal defense, of an emergency worker if necessary. Coverage provided if the emergency worker is acting within the course and scope of assigned duties and is engaged in an authorized activity, except for actions of willful misconduct, gross negligence or bad faith.

During a state of emergency or state of war emergency as defined by **ARS § 36-787**, under **ARS § 36-790**, a person or health care provider undertaking activities required by this article, including reporting, participating in isolation or quarantine procedures as ordered by local or state public health offices, is immune from civil or criminal liability if the person or health care provider acted in good faith.

Stafford Act Immunity from liability provision (**42 U.S.C. 5148**), the Federal government shall not be liable for any claim based upon the exercise or performance of, or failure to exercise or perform a discretionary function or duty on the part of a Federal agency or an employee of the Federal government in carrying out the provisions of an emergency response.

Federal Tort Claims Act (**28 U.S.C. 2671**), no other state or its officers or employees rendering aid in this state pursuant to any interstate mutual aid arrangement, agreement or compact shall be liable on account of any act or omission in good faith on the part of such state or its officers or employees while so engaged, or on account of the maintenance or use of any equipment or supplies in connection with an emergency.

#### Volunteer Non-liability

**ARS § 23-901.06**, In addition to persons defined as employed under section 23-901, volunteer workers of a county, city, town, or other political subdivision of the State may be deemed to be employees and entitled to the benefits provided by this chapter upon the passage of a resolution or ordinance by the political subdivision defining the nature and type of volunteer work and workers to be entitled to such benefits. The basis for computing compensation benefits and premium payments shall be four hundred dollars per month.

**ARS § 26-301, 26-303 and 26-314** Volunteers duly enrolled or registered with the Division of Emergency Management or any political subdivision, in a local emergency, a state of emergency, or a war emergency, or unregistered persons placed into service during a state of war emergency, in carrying out, complying with, or attempting to comply with any order or rule issued pursuant to the provisions of this chapter or any local ordinance, or performing any of their authorized functions or duties or training for the performance of their authorized functions or duties, shall have the same degree of responsibility for their actions, and enjoy the same immunities and disability workers' compensation benefits as officers and employees of the State and its political subdivisions performing similar work.

#### **CFR Title 42, Chapter 139, Section 14503** (Public Law limiting liability of volunteers)

No volunteer of a nonprofit organization or governmental entity shall be liable for harm caused by an act or omission of the volunteer on behalf of the organization or entity if:

- the volunteer was acting within the scope of the volunteers responsibilities in the nonprofit organization or government entity at the time of the act or omission;
- if appropriate or required, the volunteer was properly licensed, certified or authorized by the authorities for the activities or practice in the State in which the harm occurred, where the activities were or practice was undertaken within the scope of the volunteer's responsibilities in the organization or entity;
- the harm was not caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer; and
- the harm was not caused by the volunteer operating a motor vehicle, vessel, aircraft, or other vehicle for which the State requires the operator or the owner of the vehicle, craft, or vessel to possess an operator's license or maintain insurance.

Stafford Act Immunity from liability provision (**42 U.S.C. 5148**), the Federal government shall not be liable for any claim based upon the exercise or performance of, or failure to exercise or perform a discretionary function or duty on the part of a Federal agency or an employee of the Federal government in carrying out the provisions of an emergency response.

Federal Tort Claims Act (**28 U.S.C. 2671**), no other state or its officers or employees rendering aid in this state pursuant to any interstate mutual aid arrangement, agreement or compact shall be liable on account of any act or omission in good faith on the part of such state or its officers or employees while so engaged, or on account of the maintenance or use of any equipment or supplies in connection with an emergency.

#### Non Emergency - Immunity Insurance Coverage

#### **ARS §12-982. Qualified immunity; insurance coverage**

- A. A volunteer is immune from civil liability in any action based on an act or omission of a volunteer resulting in damage or injury if:
  1. The volunteer acted in good faith and within the scope of the volunteer's official functions and duties for a nonprofit corporation or nonprofit organization, hospital or governmental entity.
  2. The damage or injury was not caused by willful, wanton or grossly negligent misconduct by the volunteer.
- B. Notwithstanding subsection A of this section, in any suit against a nonprofit corporation or nonprofit organization, hospital or governmental entity for civil damages based on the negligent act or omission of a volunteer, proof that the act or omission was within the scope of the volunteer's official functions and duties is sufficient to establish the vicarious liability, if any, of the organization.
- C. A motor vehicle liability policy, as defined in section 28-4001, which provides coverage to the operator of a motor vehicle is subject to the following provisions which need not be



contained in the policy. The liability of the insurance carrier with respect to the insured and any other person using the vehicle with the express or implied permission of the insured shall extend to provide excess coverage for a nonprofit corporation or nonprofit organization for the acts of the operator in operating a motor vehicle at all times when the operator is acting as a volunteer for that nonprofit corporation or nonprofit organization.

### Other Policy Descriptions

For all other Policy descriptions, including Response Requirements, Resource Coordination, Recovery Operations, Operating Facilities, Multi-County Response, Donations, Mutual Aid, Financial Management, Emergency Public Information, Government Relations and After-Action Reports, refer to the State Emergency Response Plan (SERRP) located at:  
<http://www.dem.state.az.us/preparedness/planning.htm#>

## **5.0 Situation and Assumptions**

This emergency response plan is designed for response to public health emergencies as well as any disasters that may involve risk to public health and safety. These may include, but are not limited to, large-scale disease outbreaks, (intentional or natural), fire, flood, earthquake, chemical disasters, health-care (including pharmaceuticals and equipment) shortages, incidents of terrorism and power outages.

Isolation and quarantine measures are only useful for responding to communicable disease outbreaks, and may only be necessary in responding to severe influenza pandemics, an intentional release of variola virus (smallpox) and, to a lesser degree, pneumonic plague outbreaks. These measures are not used in routine communicable disease control activities and may be extremely difficult to implement and enforce.

## **6.0 Concept of Operations**

The incident management structure used in the Department is referred to as the Public Health Incident Management System or PHIMS. This structure is in place but inactivated during normal day to day operations. There is a specific chain of command that actions and communication follow.

Communication occurs across Groups, but also comes directly to one's supervisor and subsequently to the Section Chiefs and Command Staff. The Section Chiefs and Command Staff meet as needed to use information to make decisions. Information from these meetings and regular updates are incorporated into Situation Reports (see Appendix E) that are disseminated by e-mail or in person to the entire response network to keep everyone up to date and anticipate future issues.

In the event of an emergency, the Director, who acts as the Agency Administrator, will assign an Incident Commander within Public Health Services to coordinate the Department's activities and report to the command staff. The command staff and the Incident Commander work together to

keep the Agency Administrator (Director) well informed. It is also essential to coordinate with local health departments, tribes and other state agencies.

There is a public policy group comprised of the Department's Response Section Leaders (Division Directors, Bureau and Office Chiefs).that advises the Agency Administrator (Director) in various areas as needed. This group may meet at regular intervals throughout the emergency to make public health policy recommendations to the Agency Administrator as well as review and assess the Department's response activities.

Internally, the Incident Commander is responsible for managing the Department's response activities by coordinating the Operations, Planning, Logistics and Finance/Administration sections. In addition, this individual develops the Public Health Incident Action Plan (IAP) in conjunction with the Planning Section. This plan is comprised of objectives and strategies that will be attained to help manage the emergency (see Appendix C).

The Incident Commander is supported by a command staff that is represented by the State Epidemiologist, Information Officer, Liaison Officer, Safety Officer and a Chief for each of the Operations, Planning, Logistics and Finance/Administration sections.

The PHIMS structure, (see chart in Appendix B) can expand and contract depending upon the severity and nature of the incident. Various components of Public Health will fill in the Operations section as needed. However, if activated, the Logistics, Planning and Administration/Finance portions remain relatively stable in their configuration.

The PHIMS General Staff include Operations, Planning, Logistics and Finance/Administration responsibilities. These responsibilities remain with the Incident Commander (IC) until they are assigned to another individual or individuals. When the Operations, Planning, Logistics or Finance/Administration responsibilities are established as separate functions under the IC, they are managed by a section chief and can be supported by other functional units called Branch Directors, Group Supervisors and Unit Leads. The Unit Leads report to their Group Supervisor and the Group Supervisors report to their Branch Director or directly to their Section Chief.

The Operations Staff is responsible for carrying out the response activities described in the IAP. The Operations Section Chief coordinates the Operations section activities and has primary responsibility for receiving and implementing the Incident Action Plan (IAP). The Operations Section Chief reports to the Incident Commander and determines the required resources and organizational structure within the Operations Section.

The Planning Staff is responsible for the collection, evaluation, dissemination and use of information about the development of the incident and status of resources. This section's responsibilities also include creation of the Incident Action Plan (IAP), which defines the response activities and resource utilizations for a specified time period. The Planning staff also compile and release regular situation reports during the incident.

The Logistics Staff is responsible for providing additional facilities, services, personnel and materials for the incident response.

The Finance and Administration Staff is responsible for all financial, administrative and cost analysis aspects of the incident.

#### 6.1 Incident Action Plan (IAP):

The Incident Action Plan (IAP) is developed by the Incident Commander in conjunction with the Planning Chief. The IAP covers the incident's primary goal and objectives and subsequent actions that are assigned to specific staff members. The IAP is an active document and can change throughout the course of a response. The Planning section maintains the plan and incorporates changes from the Incident Commander as needed. An IAP template and supporting documents are found in the SIREN Current Responses Document Library.

#### 6.2 PHIMS Situation Report:

The PHIMS Situation Report is completed by compiling information (sent via e-mail, compiled from the Incident Log on SIREN or in-person) from the Command Staff members to the Situation Report Unit Lead. This report is issued on a frequent basis (daily, bi-weekly, weekly, etc.) as determined by the Incident Commander. It is compiled by the Situation Report Unit Lead (or their designee) and reviewed by the Planning Chief. The Planning Chief then distributes the situation report to the Incident Commander, command staff and general PHIMS staff by a designated daily time (for example, 1:00 p.m. each day) A Situation Report template is found in the SIREN Current Responses Document Library.

#### 6.3 Command Staff Meetings

The Command Staff and section chiefs meet regularly (ex. hourly, daily, weekly) during the incident to communicate matters and resolve issues outlined in the situation reports.

#### 6.4 ADHS 24-Hour Information Line

A 24-hour menu driven information line exists for the Department and it is overseen by the Department of Administration. Information messages are available in English and Spanish. It is possible to track the numbers of callers who called, number of callers that selected English, number of callers that selected Spanish and the number of callers who hung up. It is also possible to determine the number of callers for each available message. The dedicated phone lines are: (602)364-4500 or (800)314-9243.

#### 6.5 ADHS Internal Call Center

The ADHS internal call center is located in room 125B of 150 N. 18<sup>th</sup> Ave. and operates from 8 am to 5 pm. The call center consists of 12-lines staffed by 16 employees for forty hours per week. It is possible to track the total number of calls, number and percentage of calls answered and number of callers and percentage that hung-up after hearing a recorded message to stay on the line, but before receiving personal assistance from call center staff.

#### 6.6 Health Emergency Operations Center (HEOC)

The Department's HEOC is located at 150 N. 18<sup>th</sup> Ave. in room 540A and is equipped with various communications equipment. In an emergency or during an event, use of room 540A as the HEOC supercedes all other uses of the facility. Detailed Standard Operating Procedures for the HEOC exist and are available on the SIREN Response Plan and Current Responses portals in the Document Library.

#### 6.7 ADHS State Public Health Laboratory

The main facility of the ADHS State Public Health Laboratory is located at 250 N. 17<sup>th</sup> Ave., Phoenix, AZ 85007 and operates Monday through Friday from 8:00 a.m. to 5 p.m. In an emergency, certain portions of the laboratory, (such as BT agent testing) can be made available during evenings and weekends. The on-call Laboratory Managers pager number is: 602-591-8683. The ADHS State Public Health Laboratory is a member of the Laboratory Response Network (LRN) and functions as a confirmatory level laboratory.

Examples of tests conducted at the facility to enhance a public health emergency response include:

- Bioterrorism agents (select category A)
- By-products of chemical terrorism agents in clinical samples
- Food microbiology
- Chemical Terrorism
- Influenza typing
- Identification of outbreak-related diseases (Diphtheria, Measles, Rubella)
- Vector-borne diseases (plague, West Nile Virus, St. Louis Encephalitis, Western Equine Encephalitis)
- Environmental samples (air, soil and water)

Additional laboratory support is possible through the State Veterinary Laboratory located in Tucson and there is currently a verbal agreement with the New Mexico State Laboratory. Specific surge capacity roles and responsibilities are located in the ADHS State Public Health Laboratory's Integrated Response Plan.

The ADHS State Public Health Laboratory works closely with the Bureau of Epidemiology and Disease Control (EDC) to notify the staff of high priority samples and other relevant data. Additional details regarding laboratory emergency response procedures can be found in the ADHS State Public Health Laboratory Emergency Response Plan.

There are two smaller clinical/diagnostic laboratories located in Tucson and Flagstaff. The Tucson Regional Laboratory is located at 416 W. Congress, Tucson, AZ, 85701 and the Flagstaff Regional Laboratory is located at 2500 N. Fort Valley Road #3, Suite 2, Flagstaff, AZ 86001.

#### 6.8 ADHS Epidemiological Surveillance Methods and Thresholds

Please refer to the ADHS Bioterrorism Plan for detailed information.

## 6.9 The Arizona Health Alert Network

The Arizona Health Alert Network was developed as part of the efforts to enhance the public health response capabilities for the State of Arizona. This Program was created to address the communications needs associated with both public health response and daily operational sharing of information for planning and disease surveillance. The Health Alert Network was designed around 6 major objectives.

1. Redundant Communications  
Developing systems that add redundancy as well as daily use, without duplication of existing response systems.
2. Integrated Development  
No stand alone systems. All development is integrated within public health and with other response partners.
3. Secure Communications  
Recognizing the need for secure communications within the public health community.
4. Outreach  
Recognizing and aiding communications with public audiences for response efforts and risk communication.
5. Collaboration  
Facilitating statewide collaboration for public health preparedness in areas of planning and information sharing.
6. Response Needs  
Prepare for varied levels of scaled public health response with the development of tracking systems and alternative communication mechanisms.

These 6 objectives have lead to the development of many projects to address response communications and information sharing. Among them include:

- *Satellite Downlink Network* - For the receipt of public health broadcasts for distance learning and response activities
- *SIREN Development* - Secure web-based collaboration and alerting network to support response and disease surveillance applications.
- *Satellite-Based Response Equipment* - Portable response equipment for remote clinic operations and remote emergency operations center.
- *Satellite Internet Communications* - Coordinated redundant satellite Internet connections for local public health and hospitals.
- *Strategic National Stockpile Inventory Tracking* - Response application to address the management of inventory and tracking of patients.
- *Telehealth – Video Conferencing Network* - Coordinate with local public health to utilize telehealth for statewide trainings, planning, and emergency communications.

## 6.10 SIREN – (Secure Integrated Response Electronic Notification System)

The Arizona Department of Health Services has developed SIREN, an Internet-based portal application designed to provide alerting capabilities, redundant email communications, and a system for sharing response and planning information. The SIREN System was developed as a partnership with local health departments, to address public health preparedness needs. The system is built upon an infrastructure that can support other public health preparedness needs, including electronic disease reporting.

#### SIREN System Features

1. Sending Health Alerts and Notifications
2. Redundant Email
3. Information Sharing

The SIREN alerting features, as well as all features of the system, are available anywhere a user can access the Internet. In addition, alerts can be sent by fax, email, pager, or telephone (voice). Information that is typed into an alert is read by a computer-generated voice that converts typed text to synthetic speech. In addition, the user's alerts are posted on the home page of the system. Alerts can be designated as Low, Medium, or High, and the user can specify the type of the communication based on the severity of the message. SIREN Alerting Mechanisms include

- Email
- Fax
- Phone (land-line or cell)
- Text Messaging
- Pager

Alerts are distributed based on the user's public health role within the system. Currently there are 18 defined state and local public health roles (*i.e.*, Bioterrorism Coordinator, Immunization Director, and Public Health Nursing Director). The definitions focus on the responsibilities of the role, and, therefore, one user can have more than one role.

Secondary or redundant email is another feature of the system. The email is web-based and secure. SIREN Email is a effective way to ensure those alerts are received even if the office email is unavailable. The SIREN Email is a secondary way to not only receive alerts, but also communicate information to other SIREN Users, as well as external partners.

The Web Portals on SIREN are separate mechanisms for sharing information. Sharable information can include such items as response plans, equipment manuals, resource lists, and medical management guidelines. All portal information is categorized and searchable for rapid research and availability. The portals also provide News, News Links, Announcements, as well as upcoming distance learning programs.

Finally, the SIREN System infrastructure hosts other disease surveillance and response applications. Therefore, the SIREN System represents a single access point for state-wide public health disease surveillance, response, and alerting information and communications.

#### 6.11 EMSsystem

The EMSsystem (hospital EMS diversion computer system) is used on a daily basis by hospitals and first responders to communicate capacity levels and help recognize when patient diversion is an optimal choice. The Department is able to notify hospital Emergency Departments statewide and local health departments of outbreak alerts and other messages. The system enables hospital facilities to update their available bed status and to also respond to other inquiries. The type of events that engage the EMSsystem are incidents that involve mass casualty, burn, explosion, chemical, radiation, trauma, biological, law enforcement action, evacuation, natural disaster, National Disaster Medical System (federally requested bed polls) and amber alerts. The hospitals and local health departments do not have the capability to send out alerts unless passed on to the Control Centers, which are Phoenix Fire, Mesa Fire, Tucson Fire Alarm centers and the Department's Office of Emergency Response.

The EMSsystem may also serve as tool and means to communicate a federal, state or local request to recruit and assemble professional volunteer health care providers and medical response teams to serve jurisdictions, hospitals, clinics, health departments impacted by a public health crisis or disaster incident.

#### 6.12 Arizona Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP)

The ESAR-VHP project is designed to address the utilization of health care volunteers for adequately filling positions across the range of public health tasks required during an incident response and in augmenting hospital and other medical facilities to meet crisis and surge capacity needs.

This system is currently under development and will perform the following functions:

1. Register professional health care volunteers.
2. Apply industry/association credentialing, licensing and privileging standards to registered volunteers.
3. Allow for the rapid verification of the identity, credentials, and qualifications of registered volunteers during an emergency.

#### 6.13 Volunteer Management

Successful identification and recruitment of volunteers is only the beginning of a solid volunteer management system. Other issues are the ability to link volunteer systems across multiple agencies, ensuring proper credentialing and providing efficient yet complete Just-in-Time training per incident requirements.

The Arizona Department of Health Services currently has a seat on the Arizona State Citizen's Corp Council (AZSCCC) The AZSCCC functions as the oversight for CERT – Community Emergency Response Teams, VIPS – Volunteers in Police Service, MRC – Medical Reserve Corp, Fire Corp and USA on Watch. A development committee of the AZSCCC is currently undertaking the project of establishing emergency response volunteer credentialing and resource

typing statewide for public health and the organizations listed above. It is anticipated that each volunteer will have three types of identification. 1) Agency identification, 2) Qualification card and 3) Incident-specific identification.

#### 6.14 MEDSIS (Medical Electronic Disease Surveillance and Intelligence System)

As part of the efforts to detect and respond to an outbreak of infectious disease or bioterrorism event, the State of Arizona, the Arizona Department of Health Services and county health departments are developing a Web-based application called MEDSIS (Medical Electronic Disease Surveillance and Intelligence System) to electronically capture disease information from Arizona hospitals and clinical laboratories. Implementation of this application will shorten reporting lag time, facilitate secure data sharing between the state and county health departments, and decrease the burden on reporting sources. MEDSIS is Action Item #8 of Governor Janet Napolitano's Homeland Security Strategic Plan.

The design and functionality of this application meets the federal standards and is scalable and flexible to meet changing disease surveillance needs, such as a newly identified disease. MEDSIS is a statewide system hosted and supported by the Department for use by local health departments, and individuals and institutions responsible for reporting communicable diseases. Participating institutions will electronically transmit daily laboratory test and result information to MEDSIS, which are immediately available to county health departments. This will eliminate transcription and entry of these reports.

MEDSIS is integrated into the SIREN (Secure Integrated Response Electronic Notification) System and thus can take advantage of alerting capabilities, email communications, data transmission services, the public health directory and the system security. Thus an alert can be emailed or telephoned if the incidence of a disease exceeds a preset threshold.

#### 6.15 Redundant Communication Methods

Cell phones, landline phones and radios will be the primary means of communication between any field operations (ex. RSS, dispensing sites), the HEOC and SEOC. A statewide communications survey is being conducted in order to assess what equipment is available now, what needs to be procured and to ensure that all systems of communication are interoperable. The Department is also in the process of developing a statewide amateur radio communication plan with the ADEM and Maricopa County Emergency Management. This plan will provide a means of communicating with remote areas that may not be otherwise accessible.

In the event that power is down or land lines cannot be established, the Department has at its disposal "Tac Paks" that are easily assessable and mobile. Each Tac Pak (Tactical Communications Package) contains a variety of redundant communications equipment and peripheral devices such as a digital camera, printer, scanner, and a GPS (Global Positioning System). The Tac Pak has a self-contained battery unit that can be charged using a regular AC outlet or a DC power source such as a car cigarette lighter. The battery unit in each Tac Pak can provide up to five hours of power for operation in remote locations.



Each Tac Pak has three portable telephone connections. All three phones have their own phone number and utilize a different technology. Each unit contains a 3-Watt (Motorola-type) bag phone and a Qualcomm phone that has both a cellular telephone and a Satellite telephone. In the event that telecommunications networks are disrupted, the redundancy provided by the three different telephone systems increases the likelihood that a Tac Pak user will be able to establish telephone communication.

With regard to Internet connectivity, each Tac Pak has the ability to connect to the Internet using six different methods. These methods include the NIC (Network Interface Card), the Aircard, the on-board 56K modem, the wireless card, the bag phone via a PCMCIA modem and the Satellite phone. Although all six of these methods represent a possible Internet connection, the first two methods (NIC and Aircard) are more practical than the other methods. These various methods allow Tac Pak users to tap into an existing network, or establish their own Internet connection using the Aircard, cellular phone or satellite phone. This redundancy will allow Tac Pak users to establish an Internet connection from locations with no Internet infrastructure or electricity.

The Tac Pak can send and receive fax transmissions using each of its three telephone connections and its on-board modem. Faxing with the on-board modem is the most practical way to send a fax. The other methods require integrating disparate applications and devices. Although possible, faxing via the bag phone or satellite phone requires that the user has sophisticated computer skills. These redundant methods increase the likelihood that Tac Pak users will be able to send and receive faxes, even from unconnected, remote locations.

In addition to the above-mentioned telecommunications devices, each Tak Pak also contains a portable GPS (Global Positioning System) and a digital camera. The GPS system is useful in identifying location as well as identifying travel routes. The digital camera can be used in the field to take photographs and send them via email to anyone around the world. The ability to take and send photographs digitally is especially useful in rash/blister identification or in communicating logistical/operational information that is not easily conveyed verbally.

#### 6.16 Business Continuity

The Department has a comprehensive Business Continuity Plan. This plan is maintained by the Director's Office Strategic Planner.

#### 6.17 State Emergency Response and Recovery Assignments and Activities

Under Emergency Support Function (ESF) #8, in the State Emergency Response and Recovery Plan (SERRP), the Department is designated as the primary agency to provide health and medical services and for coordination of state plans and programs for public health activities during emergencies and/or disasters. Other agencies' assignments are designated in conformation with the SERRP. As the Department is a primary agency for Health and Medical Services, it will serve under the State Coordinating Officer in accomplishing its emergency support functions under ESF #8.

The Arizona Division of Emergency Management (ADEM) coordinates statewide emergency response and recovery efforts through the State Emergency Operations Center (SEOC). The Department will be included in the SEOC when a State of Emergency, as declared by the Governor, may have public health consequences.

#### 6.18 AZ 2-1-1

The Arizona 2-1-1 on-line system is an internet-based source of public information. The 2-1-1 system combines information from a wide variety of health and human service providers through a single information network that can easily be accessed by caseworkers and the public at large. In addition, Arizona citizens can access disaster response and homeland security information through the Emergency Bulletin System (EBS) of the 2-1-1 system, including assistance locating disaster relief organizations and services and obtaining accurate updates regarding threats and disasters.

The AZ 2-1-1 Online System is currently being enhanced to manage Spontaneous Unaffiliated Volunteers (SUV) during disasters and emergencies. The Arizona Division of Emergency Management (ADEM) has the authority and system administration capabilities to turn-on the AZ 2-1-1 Online volunteer recruitment and registry system during an emergency or crisis incident or by the request of executive government decision makers. Spontaneous Unaffiliated Volunteers who register in the AZ 2-1-1 Online System will then receive volunteer matching/case management assistance through the “Make A Difference” and “Volunteer Center of Southern Arizona” Organizations. These organizations will:

- Manage the back-end database and correspond with volunteer registrants
- Coordinate with volunteer organizations on their volunteer requirements
- Post targeted, unique volunteer recruitment bulletins
- Take lead when a Volunteer Management Center is needed

#### **State Emergency Operations Center – AZ 2-1-1 Emergency Public Inquiry Call Center**

- SEOC Sustains Public Inquiry/Information Lead
- Call center will be activated based on need; not routine
- ADEM has made provisions for 12 person disaster reserve staff to be on-call
- ADEM can support 24 call stations with phones and computers
- Additional call center facilities can be activated at ADOT, DES, DISCOVER
- These additional call centers can also serve as expanded public inquiry and volunteer registration support.

For Phase I, the state has developed a statewide, web-enabled database system, administered by the Arizona Health Care Cost Containment System (AHCCCS), as the foundation for 2-1-1. In Phase II, call centers will be established that will provide information and referrals to the public by telephone by dialing 2-1-1. In future phases, the database and call center operations will be enhanced.

The Department will make use of the 2-1-1 system as a resource to place information links to the Department’s web-site as well as provide the call center operators with up-to-date information relating to the emergency. The Arizona 2-1-1 system can be found at the following URL.

### 6.19 Resource Coordination

Under the conditions of a public health emergency or enhanced surveillance advisory, according to the SERRP, when the Department is acting as the primary response agency, it will provide resources using its authorities and capabilities in coordination with other support agencies. The Department will allocate available resources based on identified priorities. If resources are not available within local government, the Department will seek to provide those resources. If resources are unavailable to the Department, the requirement will be forwarded to the Arizona Division of Emergency Management's State Emergency Operations Center Logistics Group for further action.

### 6.20 CDC Call Center

There is a 1-800-CDC.INFO call center located in Northern Phoenix, (Bell and I-17) Arizona and is classified as a Tier I and Tier II call center. (Tier III calls, which are more complicated, are routed to a Kansas call center and Tier IV calls are routed directly to CDC in Atlanta, Georgia.) Eventually, all CDC hotlines will be consolidated into this number. Currently, as of May 2006, the number is handling calls related to HIV, STD, TB, Immunizations, Autism, Cancer, Developmental Disabilities, Birth Defects, Smoking, general prevention (physical activity) and Emergency Response (ie. Suspicious powders)

## **7.0 Internal Organizational Roles and Responsibilities**

### Agency Administrator

- Oversees all PHIMS activities
- Makes final policy decisions

### Public Policy Advisory Group

- Makes policy recommendations to Agency Administrator
- Works alongside command staff in reaching policy decisions
- Comprised of policy advisors
- Meet with Incident Commander to review and assess situation

### Incident Commander

- Selects and oversees Information Officer, Liaison Officer, Safety Officer and section chiefs
- Implements the IAP
- Authorize resources as needed by command staff

### Information Officer\*

- Develop material for use in media briefings
- Obtain Incident Commander's approval of media releases
- Inform media and conduct media briefings

\* The ADHS Public Information Office Crisis Communication Plan describes the roles and responsibilities in more detail for this function.

#### Liaison Officer

- Assist in establishing and coordinating interagency contacts
- Keep agencies supporting the incident aware of the incident status
- May reside at the SEOC

#### Safety Officer

- Identify hazardous situations associated with the incident, assess the risk and report them to the Incident Commander
- Communicates instances of injury, illness or exposure to the Incident Commander
- Review the IAP for safety implications

#### State Epidemiologist

- Provide medical/clinical information as needed
- Serve as the media spokesperson, when appropriate

#### Operations Chief

Oversees a myriad of functions including but not limited to:

- Distribution of resources to counties
- Conduct human and or animal case surveillance
- Characterize a disease outbreak
- Disseminate data internally and to stakeholders
- Handle public, media and healthcare provider inquiries
- Develop public messages/handle risk communication
- Make regular updates to local health departments and tribes
- Communication and resource tracking with hospitals and urgent care centers
- Provide behavioral health services to responding ADHS staff

#### Planning Chief

Oversees:

- Development and maintenance of IAP
- Completion of PHIMS Briefs into Situation Reports
- Writing of Governor's reports as necessary
- Maintenance of the Incident Action Log if HEOC is activated
- Development of the emergency response plan for incident

#### Logistics Chief

Oversees the obtainment of goods and services such as:

- Facilities
- Systems used to communicate (ex. SIREN, HAN, EMSsystem, MEDSIS)
- Communication equipment
- Personnel (above and beyond routine need)

Finance and Administration Chief  
Oversees

- Procurement of items
- Maintenance of contracts
- Evaluation of overtime

(For external agency Roles and Responsibilities, please refer to the SERRP.)

## **8.0 List of Appendices**

Appendix A – List and brief description of ADHS Plans

Appendix B - Sample PHIMS Chart

Appendix C - PHIMS Contact Information Form & Public Health Employee  
Personal Emergency Plan

Appendix D - Worker Health and Safety

# Arizona Department of Health Services

## HOMELAND SECURITY ADVISORY SYSTEM

### THREAT LEVELS & RECOMMENDED ACTIONS

#### Red Severe Condition

**Severe risk of terrorist attacks. ADHS PHIMS is activated. The State emergency operation center may be activated. In addition to the previously outlined protective measures, the following steps may be heightened and taken:**

- Convene emergency response personnel at each ADHS location - conduct situation briefing.
- ADHS functions according to the State Emergency Response Plan, to respond in conformity with the current threat information.
- Communicate with hospitals to assess capabilities and resource availability utilizing the Health Alert Network (HAN).
- Assess ADHS facilities/Public Health to determine capabilities and resource availability utilizing HAN.
- Continuously monitor electronic surveillance and information systems.
- Interact with other local, state, and federal groups to coordinate health related activities.
- Increase or redirect personnel to address critical emergency needs.
- Implement the authorities of the ADHS Director (Incident Commander) accordingly.
- Release Risk Communication messages together with the Governor.

#### Orange High Condition

**High risk of terrorist attacks. This condition may or may not activate the ADHS PHIMS, depending on the local assessment. In addition to the previously outlined protective measures, the following steps may be heightened and taken:**

- Implement, as appropriate, ADHS contingency and emergency response plans.
- Coordinate security efforts with Department of Public Safety.
- Collaborate with other public and private healthcare providers.
- Alert hospitals of threat level increase (via HAN.)
- Alert emergency response and special communications teams, i.e., HAM Radio Operators.
- Coordinate response efforts with State EOC.
- Evaluate availability of alternate sites, multi-agencies/jurisdiction as needed.
- Restrict access to essential and authorized personnel only.
- Review and ensure the implementation of security measures for our Mission Critical Systems.
- Ensure service and supplies procurement procedures and vendor lists are current for continuity of service.
- Review appropriate policies, i.e., Building Closure, Public Health Employees Responsibilities During Emergency/Disasters, 911; Employee Call-Back, and other appropriate policies and procedures.
- Assist in establishing public health surveillance for potential toxic exposures following an emergency/disaster situation.
- Review operations for general or mass emergency immunizations/pharmaceuticals or quarantine procedures.

#### Yellow Elevated Condition

**Significant risk of terrorist attacks. This condition may or may not activate the ADHS PHIMS, depending on the local assessment. In addition to the previously outlined protective measures, the following steps may be heightened and taken:**

- Maintain 7-day week operations for Laboratory and Epidemiology.
  - Review emergency/contingency plans for DHS.
  - Review/update emergency contact directory and personnel notification procedures.
  - Assess further enhancement of preventive, protective measures, and efforts to ameliorate public hysteria within the context of the current threat information, such as: Inspection of the purity and usability of foodstuffs, water, drugs, and other consumables that may have been exposed to a hazard.
  - Increase human/veterinary/toxic epidemiologic surveillance at critical locations. This includes surveillance and epidemiological issues related to toxic exposures.
  - Ensure laboratory services for confirmatory testing for bacterial biologic terrorist agents is established and alternate facilities are identified.
- Update Risk Communication Plan.

## **APPENDIX A**

### **Arizona Department of Health Services Emergency Response Plans as of March 2008**

Arizona Department of Health Services Emergency Response Plan – covers state authorities, basic Public Health Incident Management System (PHIMS) structure, threat levels and recommended actions, Department resources and an overview of OSHA Worker Health and Safety regulations.

#### **Annexes:**

- A. Strategic National Stockpile - An operational plan that describes the process used to receive, store and stage pharmaceuticals and medical supplies supplied by the Federal Government as the result of a declared emergency.
- B. Antiviral Distribution Plan – An operational plan that describes the process used to receive, store and stage antivirals supplied by the Federal Government as the result of a declared emergency.
- C. Cities Readiness Initiative – An annex of the Strategic National Stockpile plan that focuses on ensuring the success of County Public Health Departments (CPHD) ability to deliver medications to the entire population of a County within 48-hours of the request for Federal pharmaceutical assets.
- D. Chempack – An operational plan that describes the Department’s response to a request for chemical antidote caches located in confidential, secure areas of the State.
- E. Behavioral Health Emergency Response Plan – Details the NIMS-compliant structure and response mechanisms for the ADHS Division of Behavioral Health Services. Mirrors the Department’s Emergency Response Plan and integrates roles and responsibilities found in the State Emergency Response and Recovery Plan (SERRP) ESF 8, Behavioral Health Appendix.
- F. Bioterrorism Response – Describes the various plans in place for addressing a biological threat. Includes epidemiological resources and processes for surveillance and investigation of unexplained or identified illness associated with a biological agent.
- G. Health Emergency Operation Center (HEOC) SOPs - The operational guide to function in the Department’s Health Emergency Operations Center (HEOC). Includes steps for activation, sending health alerts to public health response partners and hospitals, communication and reporting SOPs and designated NIMS-compliant forms.
- H. Risk Communication Plan – Operationalizes the triggers and Department protocols for addressing risk communication to the public.

- I. Exercise Plan – A guideline to planning various emergency preparedness and response exercises. Will soon be replaced entirely with HSEEP protocols and guidelines.
- J. Bi-national Plan (under development)

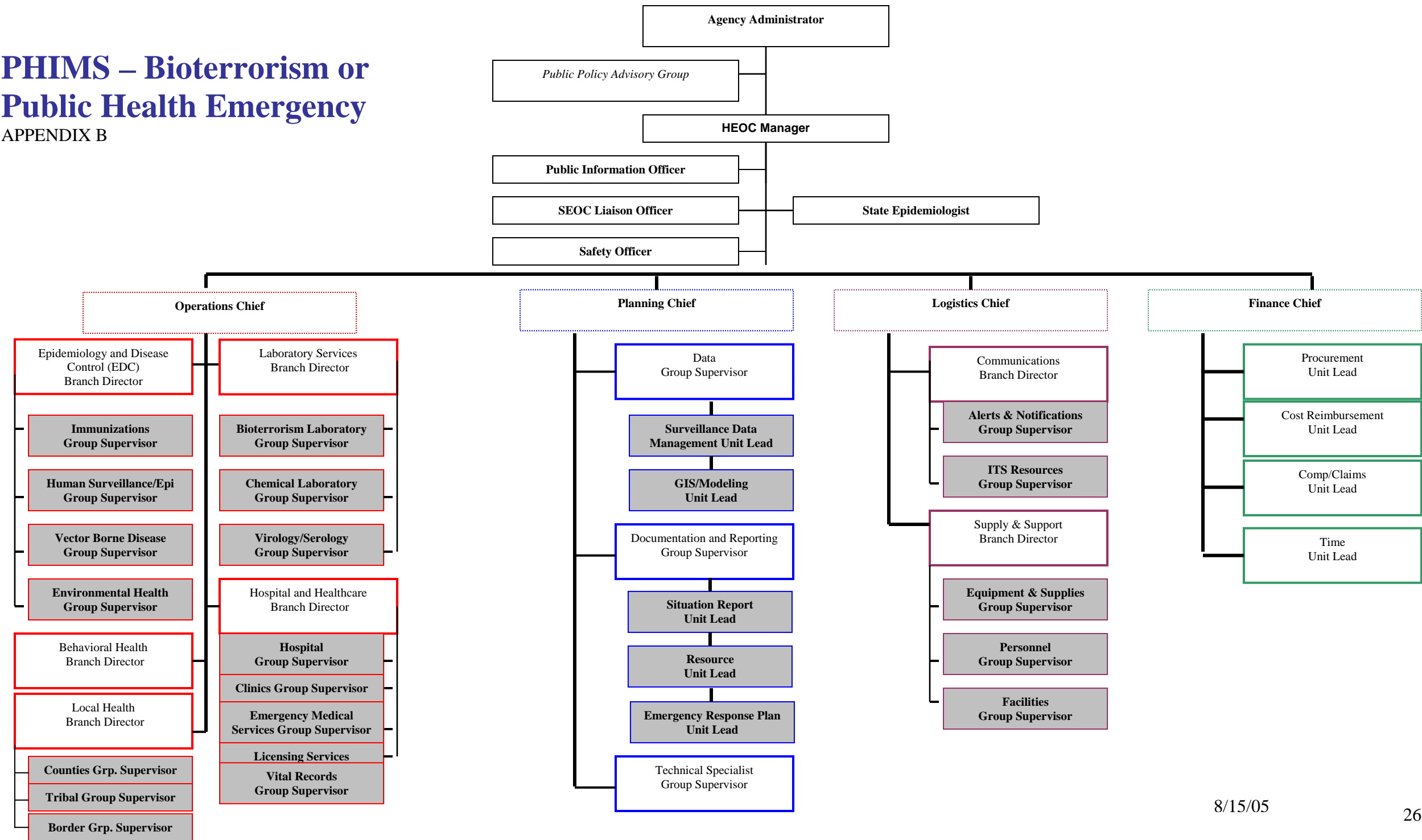
**Incident Annexes:**

- A. Biowatch – Consequence Management – Describes the concept of operations, roles and responsibilities of partner agencies involved in a response to a Biowatch Actionable Result (BAR).
- B. Biohazard Detection System (BDS) – A support plan to the county health departments who have a BDS system in their post office; which in the event of activation would result in prophylaxis of exposed employees.
- C. Plume Exposure and Ingestion Pathway PVNGS Event – The Department's response plan to an event at Palo Verde Nuclear Generating Station. It supplements the SERRP and the State of Arizona – Maricopa County Offsite Response Plan.
- D. Radiological - The Department's response plan for an Radiological Dispersal Device (RDD)
- E. Arizona Influenza Pandemic Response Plan – A strategic plan modeled after the HHS National Pandemic Influenza Response Plan
- F. Arizona Pandemic Influenza Operational Plan – Statewide operational plan covering health and non-health aspects of an influenza pandemic response
- G. Pandemic Influenza Mass Fatality Plan – Operationalizes the steps of fatality management from recovery, identification of remains, temporary interment to proper health and sanitation methods.
- H. Influenza Vaccine Shortage – Developed as a result of the seasonal influenza vaccine shortage of 2004, this plan describes the situation that occurred at the National level and the Department's response.
- I. Community Containment – Non-pharmacological approaches to apply during the phases of an influenza pandemic
- J. West Nile Virus – The Department's response to the onset of West Nile Virus in the State. Includes Job Action Sheets.



- K. Power Outage – A brief outline of Department response activities associated with a Power Outage such as food safety announcements to the public and support for restaurant and other permitted establishments by the county health departments.
- L. Flooding – The Department's response plan for flooding. In addition to response activities, the plan includes some press release templates
- M. Smallpox Pre-event – A plan that was required in 2002 by the Federal Government to distribute smallpox vaccine in advance of an event.
- N. Smallpox Post-event – The Department's response to a smallpox event; when mass vaccination would be needed in the community.
- O. Mass Vaccination Clinic Plan – Supports the Department's smallpox and seasonal influenza vaccine plans as well as potentially the pandemic influenza plan. Includes Job Action Sheets as well as the layout and the necessary supplies to operate a vaccination clinic.
- P. Pertussis – Supporting PHIMS documents (IAP and Organization chart) from the Department's Pertussis response to outbreaks within the State.
- Q. Management Guidelines for Suspicious Powders – These guidelines were developed and are routinely reviewed by the Arizona Department of Public Safety, Arizona Division of Emergency Management the Federal Bureau of Investigation (FBI) and the Department to effectively collect, transport and submit to the State Public Health Laboratory samples of suspicious powdery substances for confirmatory testing.
- R. Chemical/Hazardous Materials – The Department's response to a HAZ-Mat or Chemical Materials incident.
- S. Wildfires – This plan describes the Department roles and responsibilities to provide resources in the event of a wildfire(s) in the State.
- T. Heat – This plan covers the Department's public information and communication responses in the event of a Heat Advisory issued by the National Weather Service.

PHIMS – Bioterrorism or  
Public Health Emergency  
APPENDIX B



## **Contact Information**

**There are two forms attached that are associated with contact information.**

- PHIMS Contact Information Form – This form is to be completed by anyone involved in the PHIMS response. A copy should be forwarded to the Office of Public Health Emergency Preparedness and Response. You can also use this form to collect emergency contact information for your Office/Program staff.
- Public Health Personal Emergency Plan is for your staff to complete and give their supervisor. Its purpose is to enable staff to make emergency plans ahead of time.

## APPENDIX C

PHIMS Section Name: \_\_\_\_\_

PHIMS Group Supervisor/Unit Lead Name: \_\_\_\_\_

### PHIMS Contact Information Form

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Office: \_\_\_\_\_

Bureau: \_\_\_\_\_

Division: \_\_\_\_\_

#### **Work Information**

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

#### **Personal Information**

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

In case of an emergency, please contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## APPENDIX C

### Public Health Employee Personal Emergency Plan:

You or any individual should have a plan in place so that you can be sure that family, pets, and / or elder care obligations are met in the event you need to report to work during a disaster. The following is an example of the type of plan you should have ready:

In the event that I am called upon to respond to an emergency as a Department of Health employee, I, \_\_\_\_\_, have made the following arrangements to ensure that my family and pets are cared for while I am on duty:

My children will be cared for by: \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Phone)

My parents will be cared for by: \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Phone)

My pets will be cared for by: \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Phone)

Other arrangements I have made are:

--

My next of kin contact is:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## **APPENDIX D**

### **Worker Health and Safety**

#### Infection Control – Standard Precautions

For Infection Control and Clinical Guidelines of influenza, please see Supplements 4 and 5 respectively of the Arizona Influenza Pandemic Response Plan.

[http://www.azdhs.gov/pandemicflu/pandemic\\_flu\\_plan.htm](http://www.azdhs.gov/pandemicflu/pandemic_flu_plan.htm)

The Zebra Manual consists of fact sheets, diagnostic guidelines, and infection control information for all Category "A" and "B" biological agents and smallpox.

<http://www.azdhs.gov/phs/edc/edrp/es/zebramanual.htm>

#### Bloodborne Pathogens

The Arizona Department of Health Services has written and annually reviews a Bloodborne Pathogen Exposure Control Plan. An electronic file of the plan is located on the common "G-drive/Groups /EDC/Bloodborne Pathogen Policy" or from the Bureau of Epidemiology and Disease Control Services Medical Director. The plan contents are based upon the requirement of CFR 29 - OSHA Standard "Toxic and Hazardous Substances, 1910.1030, Bloodborne Pathogens."

[http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)

The plan is comprehensive and covers the roles and responsibilities of those employees that are affected by the policy as well as those responsible for the operation of the program including: Hepatitis B Vaccination Program, Bloodborne Pathogens Exposure Control Plan Training, Post-exposure Evaluation Plan and Follow-up, Recordkeeping, Standard Precautions, Personal Protective Equipment, Housekeeping and Disposal of Regulated Waste.

#### Radiation

Please see appendices in the ADHS Radiological Emergency Response Plan (found on SIREN at: *State Health/Response Plans/ADHS Plans/Nuclear and Radiological*) as well as the Plume Exposure and Ingestion Pathway Emergency Planning Zone for a PVNGS Event Plan (located in the same pathway on SIREN for Dose Limits and Exposure Guidance, Health Effects and Emergency Medical Conditions of Exposure to Radiation, Stay Time Table and Time Distance Shielding and the Inverse Square Law.

#### Chemical

Please see the appendices in the ADHS Chemical/Hazardous Materials Emergency Response Plan (found on SIREN at: *State Health/Response Plans/ADHS*

*Plans/Chemical)* for descriptions of personal protective equipment levels and Civilian Personal Protective Equipment and Levels.

### Heat Stress and Rest Cycles

Please see appendices in the ADHS Heat Emergency Response Plan (found on SIREN at: *State Health/Response Plans/ADHS Plans/Heat*) for Heat Related Illnesses and Safety as well as Wet Bulb Globe Temperatures and Heat Index Guidelines/Chart.

### Occupational Safety and Health Administration (OSHA) Regulations (Standards)

For a complete listing, please see:

<http://www.osha.gov/comp-links.html>

(The following was compiled by Don Kautz, ADHS Safety Officer/Industrial Hygienist)

### **SECTION 5. Duties, 29 USC 654,**

*(Known as the GENERAL DUTY CLAUSE, and is a catchall for something that is hazardous, needs to be cited, and does not fall under an OSHA Standard)*

#### (a) Each employer

(1) shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees;

(2) shall comply with occupational safety and health standards promulgated under this Act.

(b) Each employee shall comply with occupational safety and health standards and all rules, regulations, and orders issued pursuant to this Act which are applicable to his own actions and conduct.

### **1910 SUBPART D - WALKING-WORKING SURFACES**

#### **29 CFR 1910.22 General requirements**

**1910.22(a)(2)** All places of employment, passageways, storerooms, and service rooms shall be kept clean and orderly and in a sanitary condition.

**1910.22(a)(2)** The floor of every workroom shall be maintained in a clean and, so far as possible, a dry condition. Where wet processes are used, drainage shall be maintained, and false floors, platforms, mats, or other dry standing places should be provided where practicable.

## **29 CFR 1910 Subpart H - Hazardous Materials**

### **29 CFR 1910.120 - Hazardous waste operations and emergency response (HAZWOPER)**

**29 CFR 1910.120(a)** Scope, application, and definitions.

**29 CFR 1910.120(a)(1)** *Scope.* This section covers the following operations, unless the employer can demonstrate that the operation does not involve employee exposure or the reasonable possibility for employee exposure to safety or health hazards:

*The EPA's National Priority Site List (NPL), Resource Conservation and Recovery Act of 1976 (RCRA) sites are listed. The only part that applies to the State Rapid Response Team is 1910.120(a)(1)(v).*

#### **29 CFR 1910.120(a)(1)(v)**

Emergency response operations for releases of, or substantial threats of releases of, hazardous substances without regard to the location of the hazard.

#### **29 CFR 1910.120 App A - Personal protective equipment test methods**

#### **29 CFR 1910.120 App B - General description and discussion of the levels of protection and protective gear.**

#### **29 CFR 1910.120 App C - Compliance guidelines.**

#### **29 CFR 1910.120 App E - Training Curriculum Guidelines - (Non-mandatory)**

## **1910 Subpart I - 1910 Subpart I PERSONAL PROTECTIVE EQUIPMENT**

### **29 CFR 1910.132 General requirements**

**1910.132(a)** Application. Protective equipment, including personal protective equipment for eyes, face, head, and extremities, protective clothing, respiratory devices, and protective shields and barriers, shall be provided, used, and maintained in a sanitary and reliable condition wherever it is necessary by reason of hazards of processes or environment, chemical hazards, radiological hazards, or mechanical irritants encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation or physical contact.

#### **29 CFR 1910.133 Eye and face protection.**

General requirements.



**1910.133(a)(1)** The employer shall ensure that each affected employee uses appropriate eye or face protection when exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation.

**1910.133(a)(2)** The employer shall ensure that each affected employee uses eye protection that provides side protection when there is a hazard from flying objects. Detachable side protectors (e.g. clip-on or slide-on side shields) meeting the pertinent requirements of this section are acceptable.

## **29 CFR 1910.134 Respiratory Protection.**

### **1910.134(a) *Permissible practice.***

**1910.134(a)(1)** In the control of those occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors, the primary objective shall be to prevent atmospheric contamination. This shall be accomplished as far as feasible by accepted engineering control measures (for example, enclosure or confinement of the operation, general and local ventilation, and substitution of less toxic materials). When effective engineering controls are not feasible, or while they are being instituted, appropriate respirators shall be used pursuant to this section.

**1910.134(a)(2)** Respirators shall be provided by the employer when such equipment is necessary to protect the health of the employee. The employer shall provide the respirators which are applicable and suitable for the purpose intended. The employer shall be responsible for the establishment and maintenance of a respiratory protection program which shall include the requirements outlined in paragraph (c) of this section.

## **29 CFR 1910.134 App A Fit Testing Procedures (Mandatory).**

## **29 CFR 1910.134 App B-1 - User Seal Check Procedures (Mandatory).**

## **29 CFR 1910.134 App B-2 - Respirator Cleaning Procedures (Mandatory).**

## **29 CFR 1910.134 App C - OSHA Respirator Medical Evaluation Questionnaire (Mandatory).**

## **29 CFR 1910.134 App D - (Mandatory) Information for Employees Using Respirators When not Required Under Standard.**

## **29 CFR 1910.135 - Head protection.**

## **29 CFR 1910.135(a) General requirements.**

**29 CFR 1910.135(a)(1)** The employer shall ensure that each affected employee wears a protective helmet when working in areas where there is a potential for injury to the head from falling objects.

**29 CFR 1910.135(a)(2)** The employer shall ensure that a protective helmet designed to reduce electrical shock hazard is worn by each such affected employee when near exposed electrical conductors which could contact the head.

#### **29 CFR 1910.136 - Occupational foot protection.**

**29 CFR 1910.136(a)** General requirements. The employer shall ensure that each affected employee uses protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole, and where such employee's feet are exposed to electrical hazards.

#### **29 CFR 910.138 - Hand Protection.**

**29 CFR 1910.138(a)** General requirements. Employers shall select and require employees to use appropriate hand protection when employees' hands are exposed to hazards such as those from skin absorption of harmful substances; severe cuts or lacerations; severe abrasions; punctures; chemical burns; thermal burns; and harmful temperature extremes.

**29 CFR 1910.138(b)** Selection. Employers shall base the selection of the appropriate hand protection on an evaluation of the performance characteristics of the hand protection relative to the task(s) to be performed, conditions present, duration of use, and the hazards and potential hazards identified.

#### **29 CFR1910 Subpart I App B. Non-mandatory Compliance Guidelines for Hazard Assessment and Personal Protective Equipment Selection.**

This Appendix is intended to provide compliance assistance for employers and employees in implementing requirements for a hazard assessment and the selection of personal protective equipment

Controlling hazards. PPE devices alone should not be relied on to provide protection against hazards, but should be used in conjunction with guards, engineering controls, and sound manufacturing practices.

### **1910 Subpart Z - Toxic and Hazardous Substances**

An employee's exposure to any substance listed in Tables Z-1, Z-2, or Z-3 of this section shall be limited in accordance with the requirements of the following paragraphs of this section.

#### **1910.1000(a) *Table Z-1***

**29 CFR 1910.1000(a)(1) *Substances with limits preceded by "C" - Ceiling Values.*** An employee's exposure to any substance in Table Z-1, the exposure limit of which is preceded by a "C", shall at no time exceed the exposure limit given for that substance. If instantaneous monitoring is not feasible, then the ceiling shall be assessed as a 15-minute time weighted average exposure which shall not be exceeded at any time during the working day.

**29 CFR 1910.1000(a)(2) *Other substances -- 8-hour Time Weighted Averages.*** An employee's exposure to any substance in Table Z-1, the exposure limit of which is not preceded by a "C", shall not exceed the 8-hour Time Weighted Average given for that substance any 8-hour work shift of a 40-hour work week.

**29 CFR 1910.1000(b) *Table Z-2.*** An employee's exposure to any substance listed in Table Z-2 shall not exceed the exposure limits specified as follows:

**29 CFR 1910.1000(b)(3) *Example.*** During an 8-hour work shift, an employee may be exposed to a concentration of Substance A (with a 10 ppm TWA, 25 ppm ceiling and 50 ppm peak) above 25 ppm (but never above 50 ppm) only for a maximum period of 10 minutes. Such exposure must be compensated by exposures to concentrations less than 10 ppm so that the cumulative exposure for the entire 8-hour work shift does not exceed a weighted average of 10 ppm.